

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/640, 724
APPLICANT(S)

FILING DATE
08-18-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13	1	1				
14	1					
15		1				
16		1				
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23		1				
24		1				
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		1				
32	1					
33	1					
34	1					
35	1					
36		2				
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43		3				
44		8				
45		1				
46		2				
47		2				
48		3				
49		2				
50		2				
TOTAL IND.	14					
TOTAL DEP.		57				
TOTAL CLAIMS	71					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3				
52		2				
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						